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With regard to tracing contacts when there was no definite address, she dealt only with cases sent in under 33B and generally could not do anything about cases in which the address was incomplete. If the name came in twice and they were fairly certain that the same person was in question, then she could get police help in tracing. She had a good deal to do with the police, especially the London west-end women police who helped her to find these girls.

The point on which the meeting did not seem to agree with her was that the prostitute was the person who was doing the damage. It was difficult to define a prostitute, but a very large number of girls with whom she came in contact were apparently not being subjected to direction by the Ministry of Labour. Dr. Mascal had raised the question of furnished rooms. One prostitute told her that she paid £11 per week for a furnished room in a basement and that the landlady charged her £1 a day for looking after her baby. Four or five other girls lived in the house and the landlady charged the girls for every man whom they brought there. The matter had been put into the hands of the police. This was probably not at all an unusual rent for such girls to be charged. The girl said that she earned £60 a week, but that was probably an "outside figure".

Miss Johns supported Miss Wailes's remarks regarding the tenancy of furnished rooms, for it was one of the gravest problems with which they had to deal. When these instances were reported to the police it was found usually that the houses were already under suspicion, but under the terms of the Act it was very difficult to get a conviction and when a conviction was obtained the punishment was so slight that it was no deterrent.

On the question of the almoner-cum-contact-tracer, she felt that the whole social service for venereal disease patients was one and indivisible. She was working in the Newcastle clinic at the present time. It did bring one into close relationship with the patients and those who came in as contacts already knew someone when they arrived. She worked with the health visitors, but she went out with them when necessary and had done a certain amount of actual contact tracing herself. They had to look for more women than men because many of the men were already attending the clinic. All the social workers were women; they interviewed the men inside the clinics and went out to look for the contact; so far they had not had any trouble.

With regard to the contacts brought in by patients these represented an important section of the total, but she would venture to suggest that it was not a section which involved the grave social problem presented by the others. The patients who knew their contacts and could persuade them to come to the clinic were usually having something more than a casual contact with them. These people were more likely to attend because they were less promiscuous and irresponsible in their relationships.

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## THE SOCIAL BACKGROUND OF VENEREAL DISEASE

### A REPORT ON AN EXPERIMENT IN CONTACT TRACING AND AN INVESTIGATION INTO SOCIAL CONDITIONS

#### TYNESIDE EXPERIMENTAL SCHEME IN VENEREAL DISEASE CONTROL OCTOBER 1943 TO MARCH 1944\*

The Venereal Diseases are most frequently transmitted by sexual intercourse with an infected person. For every person suffering from gonorrhoea or syphilis, there is another somewhere from whom it has been contracted and it is possible that there is a third to whom it has been passed on before the original patient realised that he or she had been infected. It was clear that some infected persons were not receiving treatment and some were perhaps unaware that they were infected and therefore ignorant of the danger of infecting others. The aim of the Tyneside Experimental Scheme, which was sponsored jointly by two County Councils and four County Borough Councils and received generous support from the Ministry of Health, was to try by various means to get in touch with these people. One section of the Scheme was concerned with tracing them and trying to persuade them to attend a V.D. Clinic for examination and if necessary for treatment. In the course of the work the social background of these diseases was revealed and it has been possible for the first time to throw some light on the various types of people who contract venereal disease.

The need to treat both sexes alike was realised, but as the workers who were selected health visitors were not experienced in contact tracing—as this work is called—it was decided only to look for women during the first three months of the experiment. In the latter half of the period both men and women patients have been questioned and the persons named by them have been sought for irrespective of sex.

The success obtained in the United States in tracing contacts of infected persons led to the conclusion that it was possible to obtain the willing co-operation of the patient in providing information which would lead to the identification and the voluntary attendance for investigation

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\*Reproduced by kind permission of the officers of the Tyneside Scheme, with the omission of Section 2, the information in which is contained in the article by Miss H. M. Johns on page 17.

In a footnote to the report the term, contact, is defined as "one from whom infection has, or may possibly have been acquired, or one to whom infection has, or may have been, or may in future be transmitted".

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of the person believed to be the source of infection, who will be referred to as the "Contact". The aim has therefore been, first, to find the persons and then persuade them to attend a clinic; the information about social conditions which follows has been gathered incidentally, in conversation with contacts during visits to their homes, to public houses, and to other meeting places that they frequent, from the almoners at the V.D. clinics, and from the records of the public health departments. The patients' information about contacts was usually obtained through observation or from casual conversations and was frequently incorrect; for instance, a man might say a woman was married which he assumed because she had children whereas these were perhaps illegitimate, or she might be a widow, also his information about the number of children she had might be wrong as it was based on those he had seen and did not take into account those who were away from home. For this reason such information is not included in the report, and it is limited to those 241 contacts who were identified and about whom authentic information was obtained.

### The problem of V.D. in married life

When questioning married men about the source of their infection, they were asked if they had had intercourse with their wives since the time they believed they were infected; 16 men admitted having intercourse both with their wives and other women, 13 denied being unfaithful and attributed the infection to their wives. There were 17 men who gave the names of their wives but could not be questioned about other possible exposures to infection either because they had gone away or ceased attending. These 46 wives were examined with the following results.

	Infected	Not Infected
Sex relations outside marriage admitted	10	6
Sex relations outside marriage denied ...	4	9
No information ... ..	10	7
	<hr/> 24	<hr/> 22

When the women patients were interrogated 13 attributed their infection to their husbands. As so many are away on National Service it has not been possible to question these men about other contacts they may have had, but the following particulars of their infection or treatment have been obtained.

Men treated in Services ... ..	8
Men infected and treated in Clinics ... ..	3
Men not infected ... ..	1
Men not yet examined ... ..	1
	<hr/> 13

Most of the husbands and wives have responded readily to the suggestion that they should attend for examination. Where difficulties have occurred they have been with those women who through their husbands' conduct were already estranged from them. They have felt the need for examination as an added injury and their resentment has had to be overcome by careful explanation of the importance of being tested for the sake of their own health.

Those who have denied having had any intercourse outside their marriage relations have constituted another problem, whether the partner to the marriage was infected or not. From some source they have acquired V.D. and that has not been disclosed and may therefore still be untreated.

### The problem of V.D. outside marriage

The information which follows about the age, state, and circumstances of the men and women contacts only refers to those who are unmarried or who have had sex relations outside their married life.

Women below 18 years of age ... ..	6
between 18 and 20 years ... ..	14
20 and 25 " ... ..	60
25 and 30 " ... ..	32
30 and 40 " ... ..	35
40 and 50 " ... ..	19
over 50 years of age ... ..	3
	<hr/> 169

It will be noticed that over one-third are between twenty and twenty-five years of age. Of the six below 18 years, one was 15 years and 9 months, one was 16 years, and the other four were 17 years old. The youngest girl had escaped from a Remand Home but was retaken later, another had left home and was living in lodgings, yet another ran away and was arrested as she had "no visible means of support", the fifth who admitted having two contacts was living at home, whilst the sixth has since married a different man from the one who originally named her. At least four and probably five of these girls are known to have had intercourse with more than one man whilst the previous history of the girl who has married is unknown. The home

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circumstances of the girl in the Remand Home are not known but in none of the others does there appear to be any obvious cause for their behaviour.

### STATE OF WOMEN CONTACTS

Single	...	...	...	...	...	...	...	47
Separated	...	...	...	...	...	...	...	12
Widows	...	...	...	...	...	...	...	10
Divorced	...	...	...	...	...	...	...	7
Married (with sex relations outside marriage)	...	...	...	...	...	...	...	72
Unknown	...	...	...	...	...	...	...	21
								169

Of the 72 women with sex relations outside marriage, 38 had husbands in the Forces including 6 Prisoners of War, 8 had husbands away working or in the Merchant Navy, 12 had their husbands living at home and of the remaining 14 definite information could not be obtained. The women whose husbands are away from home have more facilities for entertaining men and they are lonely and deprived of the intercourse to which they have become accustomed. Many of them have children either living with them or evacuated and the future prospect of these homes is grave. Possibly a number would have remained faithful if their husbands had been with them, but as the enforced separation has lasted for years it is difficult to see how the family life can be re-established. The habits of drinking and promiscuous sexual intercourse have been set up and they will be very difficult to break even if the wish to do so exists. The problems of their children will be discussed in later paragraphs.

Apart from the married contacts, only seven gave a history of a regular liaison and it must be presumed that the intercourse is of a casual nature. The stories told by many were of casual "pick-ups" in streets, public houses, dance halls, and other public places, and although sometimes these may have been untrue and intended to mislead they were generally borne out by other facts.

### The promiscuous woman

There have been 19 women who admitted living by prostitution or were known to be promiscuous and to have received payment or not to have any other source of income. Besides these, during the period under review, 23 other women were proved to be promiscuous. These do not include the married women with only one contact apart from their husbands, but the conduct of some of them suggested that they too were promiscuous although definite evidence was lacking. Since the end of the period further evidence has been obtained which has proved that some of these suspicions at least were well founded. The probability that the women indulged in sexual relations with a chance acquaintance and on the first occasion have been infected is slight and it must therefore be presumed that although promiscuity was only proved in 23 instances, many more are promiscuous. In further support of this assumption is the behaviour seen by the contact tracers in public houses.

Apart from those who are living entirely by prostitution, a number of women are supplementing their earnings or allowances or are obtaining drinks and probably clothes and cosmetics in this way. The craving for luxury or pleasure would seem to be a more frequent cause of prostitution than economic need, especially in war-time when employment with good wages is easily obtained. The sums said to have been paid vary from 2/- to £2, but the most frequent amounts are between 10/- and £1.

The women who are promiscuous or who have become prostitutes appear to form the habit very early, even as young as 16 years. It has not been possible to make an exhaustive study of their history and environment, but some are from homes which are adequately furnished, well kept, and in which the mother especially cares for the difficult daughter. Others are illegitimate children or from unhappy and broken homes and these have had little chance of seeing a better way of life. Some are of poor mentality and easily led, whilst a few are high spirited and adventurous. Laziness is a marked characteristic and many stay in bed until late in the day only getting up in time to go to the public houses, they do not bother to cook proper meals either for themselves or for their families. The older prostitute has a more professional attitude towards disease and will, if warned of possible infection, attend for examination and treatment, but the younger woman who is promiscuous but not receiving in her own view any adequate material reward for it lacks this sense of responsibility and is as evasive towards disease as to her other obligations. Only one woman was found to be mentally backward and she had had at least two contacts. Another girl, aged 19, was deaf and dumb and had had intercourse with a boy of her own age. She could not be interviewed, and as she always attended the Clinic with a neighbour it was not possible to discover what mental effect this physical infirmity has had upon her. Perhaps the most common characteristics are a lack of self-discipline and an absence of any consciously held standard of life.

Promiscuity besides being responsible for the spread of the venereal diseases is a grave danger to the family and it can either cause or be accompanied by other anti-social conduct. There were for example 13 women who were convicted in Court and one wanted by the police for criminal offences, namely larceny, shoplifting, and child neglect. These offences were either committed or detected during the six months. It is known that others had been convicted previously but a comprehensive survey of past records was not possible.

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It is the many sidedness of this problem of promiscuity and prostitution and the lack of interest shown by the general public that make it so difficult to solve. There are, however, a few obvious lines of attack. We should make sure that every child is given the knowledge of the physical facts of life and of the ideals of family life. The use that is made of the knowledge later is an individual responsibility but a better understanding of the temptations and problems which beset the adolescent boy or girl is still needed. Vast sums of money are spent on advertisements for cosmetics, clothing, and alcohol as well as on cinema productions, displaying an artificial standard of luxury and spurious sentiment. By contrast with this colourful existence the child from the poor home is with rare exceptions compelled to earn a living in monotonous or uncongenial work, to dwell in a drab house often in a district of unrelieved ugliness, and to spend her leisure in the streets or in clubs which for lack of money are in makeshift premises inadequately equipped, or for lack of imagination, in surroundings that recall the school room so recently left and symbolic of the limitations of childhood which the adolescent spurns.

A very great effort has of course been made by the social and religious organisations to provide for these needs but few appear to seek the young people, whilst the public house and the cinema are at hand to provide entertainment, shelter, and company without criticism or discipline.

### Employment

Some women claimed, or were stated by the patients who named them, to be employed as barmaids, housekeepers, waitresses, domestic servants, and shipyard and munition workers, others with families were keeping their own homes and some were admittedly not working at all. It was found that a number of those supposed to be employed changed their work frequently and had periods of idleness between jobs. They were not pressed for any information about their work and most of them were anxious to keep separate the different parts of their lives, especially the women who lived at home. Reliable figures cannot therefore be given but undoubtedly many are either working very erratically or not at all.

### The promiscuous man

The interrogation of women patients for the purpose of finding the men from whom they had contracted V.D. did not begin until the end of the third month of the experiment. Many attributed their infection to the men who had already named them, so they were not counted again. Besides these there were 39 who gave particulars of other contacts. Efforts were made to trace 19 of these male contacts and 10 were found. There was not sufficient information about the other 20 to make it possible to trace them. The latter were chiefly men in our own or the Allied Services and Merchant Navy. They were alleged to be casual contacts and knowledge of their identifying particulars was denied. The women were more reluctant than the men to give information probably through fear of the possible effects upon themselves if the men suspected who had given their names.

There were 37 men among both patients and contacts who had had repeated infections within a short time, or who volunteered statements which revealed a habit of promiscuity. One man named was sentenced to 9 months imprisonment for stealing. Comparisons between the conduct of the promiscuous men and women cannot be drawn owing to the disproportion in numbers; there were 350 women sought and only 19 men for reasons already explained. The reports of Police Court proceedings were carefully examined as a means of tracing contacts and not as a source of information about their social conduct. It is known that a number of the men under treatment had prison records but they were not followed as being outside the scheme, likewise the histories of the women patients were not investigated.

From these small numbers it is impossible to draw conclusions about the causes of promiscuity among men, but some appear to indulge in sex relations outside marriage occasionally, perhaps after a quarrel with their wives or through boredom, while others regard frequent intercourse as a necessity.

### The preface to infection

Further evidence of the casual nature of the intercourse lies in the fact that 216 infections were the outcome of "pick-ups" in public houses, streets, stations, and other public places. Contacts said to have been met in public places are much more difficult to trace than those for whom an address is given but efforts were made to do so in public houses, stations, cafés, and dance halls.

Contacts met in	Public Houses	...	...	...	...	145
	Dance Halls	...	...	...	...	17
	Streets	...	...	...	...	24
	Stations	...	...	...	...	18
	Cafés	...	...	...	...	4
	Miscellaneous places	...	...	...	...	8
						216

One dance hall was mentioned five times, two twice, and eight once each. The halls are often hired by different organisations which provide their own stewards, and if the patient did not know or tell at which particular dance he met the girl it was exceedingly difficult even to begin looking for her. The large hall at which five were met is very popular and attended by so many people that the attendants know few of the girls.

In the streets during the winter months no attempt was made to look for contacts as the black-out made it impracticable. Some have been identified but it was through additional information such as the address at which intercourse took place or at which the contact was believed to live.

The railway stations have been visited but although "picking-up" was seen to take place it was not possible to identify any of the women already named. The streets and stations appear to be used as a last resort by these women when they have failed to "pick-up" anyone elsewhere or perhaps had not the money to enter a public house. Although many people are waiting about stations to meet travellers and to keep appointments, they are not like the regular customers of a public house or café who know many of the others frequenting them, so that the contact tracer is dependent on a chance meeting with the woman for whom she is looking. It is therefore exceedingly difficult to find a particular person there.

#### **Public houses**

The names of 71 public houses were given to us, and, in addition, 14 men on the night in which infection was acquired visited more than one and either did not know at which house they had picked up the woman or they were unable to give the name of it. Forty-eight of the public houses were only named once, fifteen twice, and one three times; it must be realised that any public resort where both sexes meet is liable to be used for the purpose of "picking-up". At the same time the much greater number met in public houses than in other resorts is very noticeable. The prevention of this abuse of a house must be difficult for the publican but the fact that some houses are frequently used indicates a more serious problem. For instance, in 7 public houses, 50 contacts were met.

4 Contacts picked up in 2 public houses			
5	"	2	"
6	"	1	"
7	"	1	"
19	"	1	"

These public houses have been frequently visited by the contact tracers and their customers appear to fall into three categories: those who drop in for a drink and sit and chat for a long time over one or two glasses of beer, those who are heavy drinkers consuming spirits as well as beer, and those men and women who go to them for the express purpose of "picking-up". Those in the first two categories go for the sake of the company or to drink and not with the intention of "picking-up". In the houses most frequently named the girls stroll in and out looking for partners without check from the management and the men order drinks for any girls without a male escort and then join up with them. Such places are obviously a danger to the community. The owner and barmaid of one of these were fined one guinea each for selling drinks to youths under 18 years of age, which appears to be an inadequate deterrent as this is the third occasion on which proceedings have been taken against this public house.

Besides the 145 contacts met in specified public houses, many were stated to frequent certain other ones, but these were not counted, and only those in which the actual "pick-ups" took place were visited. This additional information indicates frequent or regular drinking on the part of the contact but does not prove an improper use of the public house. Thirty-three men claimed to be too drunk to know with whom they had had intercourse and 7 others alleged they were drunk but were able to give some information. From their own accounts it would appear that this was true in some instances but drunkenness was possibly used as an excuse by others to avoid giving information. All the 145 contacts met in public houses were presumably drinking but there is no indication to what extent. Besides these, some patients who "picked-up" their contacts in the streets, dance halls, or stations said that they had been drinking.

#### **The house or home**

Only a few patients stated where the intercourse took place, though in tracing it is most helpful to know as it may indicate where the contact lives or can be found. Of those who did volunteer this information, 15 stated that the act had occurred in a back street or other public place, 6 went to houses of doubtful reputation and 2 men took the women to their own homes. The keeper of one of these undesirable houses was later arrested and fined £25, and costs.

When asked for the contacts' address, 177 gave it and as a number of others described the position of the house or its appearance these presumably had been taken to it. Wherever an address was given or discovered it was visited. A large proportion of the unmarried women or those separated or divorced are sharing rooms with or living in the same house as other women who appear to be living immoral lives. These houses are usually let out in single rooms on short tenancies. In the instances in which the rents paid were disclosed the sums varied from 5/- to 15/- for periods from half an hour to a night. A number of these houses have been visited; they were poorly furnished and the rents demanded were out of all proportion to the accommodation provided. The conditions in some of these houses are grossly indecent. The difficulty of getting evidence against the owners or occupiers who are allowing their premises to be used improperly is great and if charged and convicted the punishment is sometimes slight or does not appear to have a deterrent effect on the convicted person or others.

The homes of the married women who have had sex relations with men other than their husbands vary, but the majority are dirty and ill-kept. There are exceptions and a few are surprisingly clean. These houses were chiefly of the one or two roomed variety, or so small that privacy is difficult to obtain.

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### The problem of the children

Of the women who had sexual relations with men to whom they were not married, 59 had their children living with them. The children above school leaving age were not counted; although it is realised that they are exposed to dangerous influences at an impressionable age, the fact that they are usually working makes any attempt to protect them more difficult. There were known to be 128 children under 14 years of age, and of these 13 were admitted to be illegitimate. Six women had already had their children removed from their care.

The information available suggests that the mothers usually brought the men back to their homes and that the children were probably aware of the ensuing conduct. Both the mother and the man she has brought home have frequently come straight from the public house. Sometimes the children are in the same room with them, or if not, are within hearing. In the daytime the workers have found men hanging about the house and their conduct and that of the women has been unsuitable for children to see. The effect upon these children must be serious. They must often, too, be left alone for long periods of time.

The still graver problem of the child who has inherited syphilis which is one of personal health rather than existing social surroundings will be referred to in Section 2.\*

### Limitations of the Scheme

At each of the three stages of contact tracing, namely, acquiring the original information, finding and identifying the contact, and persuading him or her to attend for examination and treatment if needed, there are difficulties. Out of 451 patients interviewed 101 or 29 per cent gave insufficient identifying information to justify attempts to find the people indicated. Of the 350 contacts looked for 109 were not identified and of the 241 identified 21 had either failed or refused to attend for examination. If the causes for these failures are examined, it will be seen that many of them are incidental to the problem of the venereal diseases rather than to the limitations of the Special Scheme. Whilst there is almost universal condemnation of the venereal diseases, there is considerably less agreement on the standards of sexual morality the lack of which is ultimately responsible for the spread of these diseases, and so the campaign against them is affected by these conflicting social attitudes. At the first stage of obtaining information from the patient this conflict is immediately apparent. There is the fear of giving themselves or other people away. As the Tyneside Scheme was a voluntary one this fear was not so important a factor but the 6 who refused to give information and the 5 who denied having intercourse were probably governed by it.

The casual nature of so much of the sexual conduct and the amount of drinking which accompanied it were responsible for the lack of names and clear descriptions. Forty patients claimed to be drunk besides those who admitted that they had been drinking. A special problem for the interrogators were the 24 foreigners some of whom spoke very little English. Besides these were many strangers who did not know the district well and were moving frequently on account of their work and may be presumed to have had but a slight acquaintance with their contact.

One of the difficulties of the present scheme has been the need to arrange a rota system for the workers who are responsible for the interrogations and this has meant that if further interviews have to be arranged, the patient sees a different worker.

The contacts who could not be traced were chiefly those about whom inadequate information was given, but some whose full name and addresses were either given or subsequently discovered have not been identified. The name or address have in some instances been false, or the person has moved. Many of the women moved from port to port and so may disappear for some time but their haunts are visited at intervals and some are found later. Some women are deliberately avoiding recognition as they are evading their National Service obligations or are afraid of the police. A few of whom only slight descriptions and no names have been given have been recognised but lack of definite information has made an approach impossible. The need for secrecy has made the work of obtaining information from neighbours, barmaids, and other people a delicate matter. They were assured that it was only in the interests of the person about whom enquiries were being made and many accepted the workers in good faith and gave the information needed, but others, especially barmaids and public house keepers seemed to be afraid that in some way they themselves might suffer if they admitted knowing the contacts.

The last and most important stage of inducing the contact to attend for investigation is reached when the identity has been established. The irresponsibility characteristic of promiscuous men and women is here especially noticeable. While only 21 did not attend for investigation, a number who needed treatment ceased attending before the infection was controlled, and many continued to have intercourse though they knew they were infectious. Women patients, especially, who are working and have a home to keep find it difficult to spare the time to attend a clinic despite the number of day and evening sessions. Those who live outside the town have, in addition, the difficulty of travelling with a greatly curtailed bus or train service. They felt well and could not or would not realise that this is no indication of the course of their disease.

Under the Scheme it has not been possible to get information from private doctors about contacts who chose to consult them rather than attend a clinic and it was not even certain whether they had actually gone to them, or if so, whether they had been entirely frank with the doctor. Those contacts who had seen their doctors all declared they were not infected, a somewhat suspicious coincidence.

\*The child suffering from congenital syphilis who, through the carelessness or neglect of its parents, is not brought for treatment has not the protection which is extended to children neglected in other ways. The home may be visited repeatedly but if all attempts at persuasion fail, the compulsory action, possible in other diseases is not possible here. The placing of the parents' interests before the child's is difficult to justify. (From Section 2.)

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The limitation of the Scheme to one area made it impossible to follow up the people who moved about and who are probably the most dangerous to the health of the community. It would be of assistance if medical officers of health reported back to the contact tracers the results of the examination of those notified to them, as the original patient could be seen again if the alleged contact was not infected, and enquiries about the source of infection pursued.

### Summary

The voluntary character of the Scheme was helpful in securing the co-operation of the original patient on whose information depends the success of contact tracing. To each patient it was explained that the health of his or her consort was the object of the enquiry and this statement was accepted in good faith. The knowledge that the patient's name or identity would not be revealed encouraged confidence. Had the scheme been compulsory with the penalties inseparable from any obligatory scheme, it is possible that more patients might have withheld on various excuses the information they had. In Sweden in 1941, there were 11,930 notified cases of venereal disease and 3,690 (or 30·93 per cent) reported sources of infection. (Legislative Measures against the spread of Venereal Disease in Sweden by Rolf J. M. Hallgren, M.D., D.P.H., *Public Health*, June, 1944.) Admittedly some of these "sources" may have infected more than one patient but the Tyneside figure of 350 reported sources of infection out of 451 patients interviewed (or 71 per cent) compares favourably with those from Sweden where compulsory notification is practised.

The workers who are trained and experienced health visitors have been remarkably successful in establishing a friendly relationship during the first interview with the contact. Only in two or three instances have there been serious difficulties which were easily accounted for; one woman had her husband in the house and somewhat unwisely brought him into the discussion, another was getting married three days later and felt it necessary to proclaim her innocence rather stormily. Generally the contacts have accepted the workers, who most carefully refrained from attributing to them the responsibility of transmitting the disease. A few women have disappeared when they heard enquiries had been made about them, but as they left before being interviewed and could have had no suspicion of the reasons for the enquiries they were presumably afraid on some other account.

In tracing the contacts and sources of infection of patients suffering from a venereal disease, only the medical aspect is taken into consideration, and the work is viewed as a public health service. At the same time in any general survey, the moral aspect cannot be ignored. It is true that many persons are morally culpable but others are entirely innocent victims. Any action planned to restrain the former would have to be very carefully considered or it might increase the sufferings of the latter. The Tyneside Scheme with its three sections for education, serological tests of expectant mothers, and contact tracing (the only section to which the present report refers) was designed to enlighten the public about venereal disease, to make known the provisions that exist for the treatment of it and the dangers of its neglect, to protect the coming generation, and to help those who have already been exposed to infection.

### STATISTICAL RESULTS OF THE SCHEME

October 1943 to March 1944

#### TOTAL NUMBER OF CONTACTS

Complete information ... ..	177
Incomplete „ ... ..	63
Vague „ ... ..	110
Insufficient information for tracing ... ..	101
	<hr/> 451

CONTACTS IDENTIFIED by Contact Tracers ... ..	160
without Contact Tracing Effort ... ..	81
	<hr/> 241

#### DISPOSAL OF CONTACTS IDENTIFIED

Total attending Clinic ... ..	155
(New Registrations 102, Already Registered 53)	
Referred to Services, Private Doctors or to Medical Officers of Health in other areas ...	30
Identified with previously named contacts ... ..	26
Un-co-operative (refused or failed to attend) ... ..	21
Not yet examined ... ..	9
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### DIAGNOSIS OF CONTACTS ATTENDING CLINICS

Syphilis	...	...	...	...	...	...	...	...	37
Gonorrhoea	...	...	...	...	...	...	...	...	52
Syphilis and Gonorrhoea	...	...	...	...	...	...	...	...	14
Clearance	...	...	...	...	...	...	...	...	46
Not yet diagnosed	...	...	...	...	...	...	...	...	6
									<hr/> 155

### VISITS AND INTERVIEWS OF IDENTIFIED AND UNIDENTIFIED CONTACTS

Visits of enquiry or contacts not at home	...	...	...	...	...	...	...	...	557
First interviews	...	...	...	...	...	...	...	...	131
Second "	...	...	...	...	...	...	...	...	45
Third and later interviews	...	...	...	...	...	...	...	...	22
									<hr/> 755

CONTACTS TAKEN TO CLINIC BY CONTACT TRACERS	...	...	...	...	...	...	...	...	46
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CONTACTS NAMED MORE THAN ONCE	...	...	...	...	...	...	...	...	19
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### REGULATION 33B, FORMS 1 FROM SOURCES OTHER THAN LOCAL CLINICS

From the Royal Navy	...	...	...	...	...	...	...	...	59
Army	...	...	...	...	...	...	...	...	34
Royal Air Force	...	...	...	...	...	...	...	...	11
Colonial and Allied Forces	...	...	...	...	...	...	...	...	8
Civilian Medical Officers	...	...	...	...	...	...	...	...	16
Miscellaneous Sources	...	...	...	...	...	...	...	...	4
									<hr/> 132

### REGULATION 33B. RESULTS

Found and examined	...	...	...	...	...	...	...	...	56
identified with others	...	...	...	...	...	...	...	...	10
not examined	...	...	...	...	...	...	...	...	19
									<hr/> 85
Not yet found	...	...	...	...	...	...	...	...	47
									<hr/> 132

### CONTACTS WHO WERE NAMED MORE THAN ONCE ON FORMS 1

named twice	...	...	...	...	...	...	...	...	3
named three times	...	...	...	...	...	...	...	...	2
named four times	...	...	...	...	...	...	...	...	2

### The ideal scheme

In the ideal scheme for the social work for V.D. patients all sections of it would be unified as the problems are fundamentally the same. This would mean the co-ordination of the almoner and health visitor services. The almoner in the V.D. clinic should have experience of contact tracing; in all branches of her work this would be useful. The economic difficulties as distinct from the social problems of clinic patients are not of the same significance in the treatment as they are in other complaints such as rickets and tuberculosis and from the preceding survey it will be apparent that they are not one of the chief causes of promiscuity. The use or misuse of leisure is important and in searching for contacts at the various meeting places, knowledge of this is gained and it would help the almoner in dealing with patients both before they attend and during their treatment. With this experience, the almoner could undertake the interrogation of patients and so ensure continuity.

The use of health visitors for tracing contacts and visiting defaulters is desirable. Their knowledge of the district and the access which they have to other health records is of assistance. They need to be specially selected for qualities of tact and initiative, and those chosen must be free to make appointments with contacts at any time convenient to the contact. This is a difficulty for the visitors who have routine duties at other health clinics. Their reports should be sent to the almoner as quickly as possible so that she can know when a contact is due and be ready to receive her, and when a defaulter promises to attend again, what has been the cause of default.

Careful records not only of the work done but also of the social conditions of the contacts and patients are needed so that further enquiries can be made into this age-old social problem in the hope of understanding it and finding methods of meeting it.



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The extension of contact tracing over the whole country would undoubtedly be of benefit. It would make possible the follow up of those who move frequently and who may be named more than once under Regulation 33B without this repetition being discovered as the Forms may go to different medical officers of health according to where the contact is met. Information is sometimes obtained by the workers which could be used by contact tracers in other areas. It is the mobile contact who is not only most difficult to find but also probably the greatest danger to public health. Under a national scheme provision could be made for the sending of reports to the clinic from which the notification came so that if further action is necessary to find the source of infection, it can be taken.

Further information upon any aspect of the Tyneside Contact Tracing Scheme will be given willingly to any public or voluntary social service organisation on application being made to the

Liaison Officer, Miss H. M. JOHNS, M.A.,  
The White House,  
Grainger Park Road,  
Newcastle upon Tyne, 4,

or to the Medical Officer of Health of any of the authorities participating in the Scheme ; namely,  
The County Councils of Durham and Northumberland,  
The County Borough Councils of Gateshead, Newcastle upon Tyne, Tynemouth and South Shields.

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### "MIDDLE EAST GRANULOMA": IS IT GRANULOMA VENEREUM?

By W. R. SCOTT COWE, M.B., Ch.B.

*Captain, Royal Army Medical Corps ; Graded Venereologist, Middle East Forces*

In the course of three years' work in venereal diseases treatment centres in the Middle East, I and my colleagues have come across many and varied types of penile ulceration which have received but scanty attention in the literature. These may be described as usually being infected abrasions in contrast with the proved syphilitic chancre or with chancroid. One group, however, which presents uniformly well defined characteristics, has come to our notice recently. We believe the condition to be a clinical entity and to be caused by a specific organism or virus. We had seen an occasional sore of this type in the past, but during the last six months we have had approximately 30 of these cases (picked out from among 350 other venereal sores) all from the same district and all presenting the same clinical features.

At first we believed on clinical grounds that we were dealing with a new type of venereal sore or possibly a marked modification of one which had already been described. However, after further examination of direct smears and micro-sections and the discovery of similar lesions in two prostitutes from this district, we have become fairly sure that we are dealing with early granuloma venereum (ulcerative granuloma ; granuloma inguinale).

It should be emphasized here that all penile lesions treated by us are considered to be syphilitic until proved to be otherwise by our finding that repeated dark-ground examination is negative for *Treponema pallidum* (*Spirochaeta pallida*) and that the Kahn test or the Wassermann reaction remains negative after three months' surveillance. We have thought that a description of this venereal sore and of our investigations, with a short discussion of our present findings, would be of some interest to those whose work leads them into the study of the many diversities of venereal infection.

#### Clinical aspects

The patients who present this lesion have almost without exception been exposed to infection in one particular district, such as a seaport. An occasional case has turned up from some other area but this again has been a seaport town. In addition exposure to infection has always been through intercourse with non-European women. The incubation period varies from one to four weeks, but usually by the fourth week after exposure the sore presents the typical appearances which we have come to recognize so well. At this stage the ulcer is well defined,